

## Opening Remarks - I

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In recent years, mother-to-child HIV transmission has been drastically reduced in the United States – from a high of 2,500 in 1992 to less than 400 perinatal HIV infections annually. This reduction is due to the widespread adoption of routine HIV counseling and voluntary testing for pregnant women and the availability of zidovudine (ZDV or, more commonly, AZT) and other drugs to interrupt transmission from the pregnant woman to her baby.

But even with these successes, CDC estimates that, overall, approximately 40,000 people per year in the United States become infected with HIV, a number that has remained relatively stable *–but unacceptably high–*for much of the past decade.

CDC has developed a new strategic plan for HIV prevention to further our national efforts to effectively address HIV infection and AIDS at home and abroad. I would like to take a few brief minutes to discuss how the important work that you are doing fits into the overall goal of this strategic plan.

The overarching goal of the plan is to reduce the number of new HIV infections in the United States from an estimated 40,000 to 20,000 per year by 2005, focusing particularly on eliminating racial and ethnic disparities in new HIV infections. To reach this overarching goal, the plan includes an objective related to the prevention of perinatal HIV transmission: Increase the proportion of HIV-infected pregnant women who routinely receive HIV counseling, accept HIV testing and choose to take antiretroviral medication to interrupt perinatal transmission of HIV.

Strategies to accomplish this objective include:

1. Routinize voluntary HIV counseling and testing, with informed consent, for all pregnant women, including those with no prenatal care.
2. Increase HIV-infected women's and HIV-exposed infants' early access to appropriate prevention (including elective cesarean section) and treatment.
3. Through capacity building and technical assistance, increase the proportion of prevention providers funded by CDC who successfully provide demonstrably effective, culturally competent mother-to-child HIV prevention interventions.
4. Increase early and comprehensive prenatal care for all pregnant women, regardless of income, insurance or ability to pay.
5. Research, develop, implement and evaluate interventions to address barriers to the use of antiretroviral medications for perinatal HIV prevention by women at high risk.
6. Assess the acceptability, implementation and effects on testing rates of rapid HIV antibody screening among women in labor who had no prenatal care or who were not tested despite having had prenatal care.
7. Assess the effectiveness of ultrashort antiretroviral regimens for pregnant women and their infants when care is not obtained until labor and delivery.
8. Research, develop, implement and evaluate evidence-based mother-to-child transmission

prevention programs for HIV-infected pregnant women who use injection drugs, alcohol and other drugs (e.g., crack cocaine, crystal methamphetamine).

9. Research, develop, implement and evaluate interventions to address structural-level barriers to effective mother-to-child transmission prevention.

You are already involved in many of these strategies in the work that you do. And over the next two days, you will share with each other and with CDC what your experiences have been over the last year as you have implemented, and in some cases enhanced, the work that you have done related to these strategies. However, even though we have reason to believe that we are relatively close to eliminating the perinatal transmission of HIV, there is still much work to do and that is why this meeting is so critical.

Thank you for the extremely important work that you do! We look forward to the next two days and sincerely appreciate your role in assisting our nation's HIV prevention efforts.